

**AFFIRMATIVE ACTION RESOURCE & REFERRAL UPDATE FORM
(RELEASABLE TO THE PUBLIC)**

NAME OF ORGANIZATION:

CONTACT PERSON:

MAILING ADDRESS: _____

PHONE NR: _____ FAX NR: _____

TOLL FREE NUMBER (IF AVAILABLE): _____

E-MAIL ADDRESS: _____

INTERNET SITE ADDRESS: _____

OTHER INFORMATION:

_____ **No longer want to be listed as a resource.**

PLEASE MAIL or FAX COMPLETED FORM TO:

DEPARTMENT OF LABOR & INDUSTRIES
SPECIALTY COMPLIANCE SERVICES DIVISION
APPRENTICESHIP SECTION
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OLYMPIA, WA 98504-4530
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